



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
DIVISION OF REGULATORY BOARDS  
BOXING & RACING  
2ND FLOOR, DAVY CROCKETT TOWER  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-1157  
PHONE 615-741-2384  
FAX 615-741-5995

### CERTIFICATE OF INSURANCE

This is to certify that policies of insurance as described below have been issued to the insured. In event of cancellation, non-renewal or change during the periods of coverage as stated herein, not less than ten (10) days' advance written notice will be given to the Director of Regulatory Board.

1. Name and Address of Insured:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Phone No. \_\_\_\_\_

2. Name and Address of Local Agency:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Phone No. \_\_\_\_\_

3. Location of Operations to which this certificate applies:

\_\_\_\_\_  
\_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ Phone No. \_\_\_\_\_

4. Insurance is afforded for such coverages as are indicated below by limits of Liability, Policy Number and Period Covered. (Minimum Limits \$100,000.00-\$300,000.00 Single Limits for Bodily Injury.)

TYPE OF COVERAGE	MINIMUM LIMITS OF LIABILITY	POLICY NUMBER	ANNUAL POLICY PERIOD

This certificate is executed by the \_\_\_\_\_  
Insurance Company as respects insurance afforded by that company under the policies  
designated above.

\_\_\_\_\_  
Name of Insurance Company

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Area Code \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Certifying Representative or Officer Only  
(Not Local Agent)